

**ACH VENDOR/MISCELLANEOUS PAYMENT  
ENROLLMENT FORM**

This form is used for Electronic Fund Transfer and Automated Clearing House (ACH) payments.  
Recipients of these payments should bring this information to the attention of their financial institution.

**PRIVACY ACT STATEMENT**

The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). All information collected on this form is required under the provisions of 31 U.S.C. 3322 and 31 CFR 210. This information will be used by the Treasury Department to transmit payment data, by electronic means to vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments.

**AGENCY INFORMATION**

FEDERAL PROGRAM AGENCY  
COAST GUARD FINANCE CENTER (OPQ5A)

AGENCY IDENTIFIER  
USCG

AGENCY LOCATION CODE (ALC)  
69025102

ADDRESS  
1430A KRISTINA WAY

CITY, STATE, ZIP CODE  
CHESAPEAKE, VA 23326

CONTACT PERSON  
VENDOR EXPRESS INFORMATION LINE

TELEPHONE NUMBER  
(757) 523-6086

ADDITIONAL INFORMATION

**LESSOR/PAYEE/COMPANY INFORMATION**

NAME

SSN NO. OR TAXPAYER ID NO.

ADDRESS

DATE

CITY, STATE, ZIP CODE

APPLICABLE CONTRACT NUMBER

SIGNATURE AND TITLE OF AUTHORIZED OFFICIAL

TELEPHONE NUMBER

**FINANCIAL INSTITUTION INFORMATION**

NAME

ADDRESS

CITY, STATE, ZIP CODE

POINT OF CONTACT

TELEPHONE NUMBER

NINE-DIGIT ROUTING TRANSIT NUMBER

DEPOSITOR ACCOUNT NUMBER

LOCKBOX NUMBER

TYPE OF ACCOUNT

☐ CHECKING

☐ SAVINGS

☐ LOCKBOX